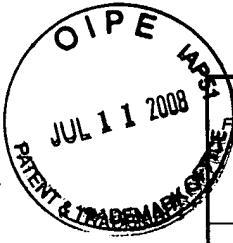


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

<b>Complete if Known</b>	
Application Number	10/697,081-Conf. #9728
Filing Date	October 31, 2003
First Named Inventor	Kazuo Okada
Examiner Name	E. M. Thomas
Art Unit	3714
Attorney Docket No.	SHO-0042

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
---------------------	-----------------

50 25

Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee (\$)</u>
-----------------	-----------------

200 100

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-----------------	----------------------

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6	- 20 = 0	x 50.00	= 0.00

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-----------------	----------------------

_____	_____
-------	-------

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 = 0	x 210.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

Fees Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge):

1806 Submission of an Information Disclosure Statement

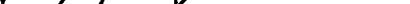
180.00

<u>SUBMITTED BY</u>		<u>Registration No. (Attorney/Agent)</u>	<u>Telephone</u>
Signature		29,211	(202) 955-3750
Name (Print/Type)	Carl Schaukowitch	Date	July 11, 2008



**Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.**

<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<i>Complete if Known</i>					
		Application Number	10/697,081-Conf. #9728				
		Filing Date	October 31, 2003				
		First Named Inventor	Kazuo Okada				
		Examiner Name	E. M. Thomas				
		Art Unit	3714				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.		SHO-0042			
<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: _____		Deposit Account Name: <b>Rader, Fishman &amp; Grauer PLLC</b>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
6 - 20 = 0	x 50.00	= 0.00	<u>Multiple Dependent Claims</u>				
<u>Fee (\$)</u> <u>Fee (\$)</u>							
50      25							
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
3 - 3 = 0	x 210.00	= 0.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
<u>Fee (\$)</u> <u>Fee (\$)</u>							
200      100							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>					
_____ - 100 =	/50 =	(round up to a whole number) x _____ = _____					
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
360      180							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity)							
Other (e.g., late filing surcharge):							
1806 Submission of an Information Disclosure Statement			180.00				
<b>SUBMITTED BY</b>							
Signature		Registration No. <b>29 211</b> Telephone <b>(202) 955-3750</b>					

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		29,211	(202) 955-3750
Name (Print/Type)	Carl Schaukowitch	Date	July 11, 2008

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
SHO-0042Application No.  
10/697,081-Conf. #9728Filing Date  
October 31, 2003Examiner  
E. M. ThomasArt Unit  
3714

Applicant(s): Kazuo Okada

Invention: GAMING MACHINE

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

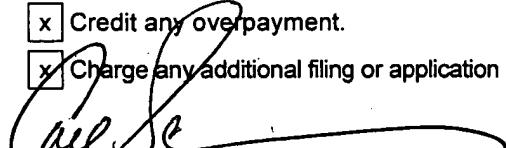
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =	0	x 50.00	0.00
Independent Claims	3	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					180.00

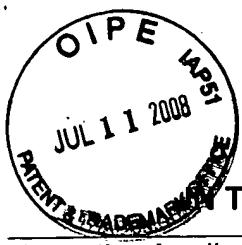
 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 18-0013 in the amount of \$ 180.00  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 18-0013  
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Carl Schaukowitch  
Attorney/Agent Reg. No.: 29,211

Dated: July 11, 2008

RADER, FISHMAN & GRAUER PLLC  
1233 20th Street, N.W.  
Suite 501  
Washington, DC 20036  
(202) 955-3750



AMENDMENT TRANSMITTAL LETTER					Docket No. SHO-0042
Application No. 10/697,081-Conf. #9728	Filing Date October 31, 2003	Examiner E. M. Thomas		Art Unit 3714	
Applicant(s): Kazuo Okada					
Invention: GAMING MACHINE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
Total Claims	Claims Remaining After Amendment 6	Highest Number Previously Paid - 20 =	Number Extra Claims Present 0	Rate x 50.00	0.00
Independent Claims	3	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					180.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>180.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Carl Schaukowitch Attorney/Agent Reg. No.: 29,211					
Dated: <u>July 11, 2008</u>					
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750					



**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

**Kazuo OKADA**

Application No.: 10/697,081

Filed: October 31, 2003

For: GAMING MACHINE

Attorney Docket No.: SHO-0042

Examiner: E. M. Thomas

Art Unit: 3714

Confirmation No.: 9728

**AMENDMENT UNDER 37 C.F.R. §1.111**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**I. INTRODUCTORY COMMENTS**

In response to the Office Action dated June 10, 2008, please amend the above-identified application as set forth below.

Claims 1-5 are pending in the application. By this Amendment, claims 1 and 4 are amended and claim 5 is added.

**II. AMENDMENTS TO THE DRAWINGS**

(There are no amendments to the drawings)

**III. AMENDMENTS TO THE SPECIFICATION**

(There are no amendments to the specification)